

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020887

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 443

Primary Registration District No. 4364

Registrar's No. 39

STATE FILE NUMBER

FILED JUN 11 1963

VS 300
Rev. 4/59

1 0730

2 0730

3

4 0

5 1

6

7 1

8 0

9 420.1

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		Length of stay in 1b 1 hr.	c. CITY OR TOWN Granby
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Memorial Hosp.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt #2
3. NAME OF DECEASED (Type or print) First Lewis Middle Frank Last Henle		4. DATE OF DEATH Month May Day 24 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-17-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad worker		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (last birthday) 79
11a. FATHER'S NAME Anthony Henle		11b. MOTHER'S MAIDEN NAME Tillie Hahn	11. BIRTHPLACE (City and state or country) Iowa
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. [REDACTED]	12. CITIZEN OF WHAT COUNTRY USA
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) massive coronary embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) atherosclerosis DUE TO (c) _____		14. NAME OF HUSBAND OR WIFE Dora Henle	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		15. INTERVAL BETWEEN ONSET AND DEATH 1 hr	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE			
21. I attended the deceased from present to May 24/63 and last saw him alive on May 24/63 Death occurred at 9:20 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		22b. ADDRESS [Address]	
22c. DATE SIGNED 5-31-63			
23a. BURIAL, CREMATION, ETC. (Specify) Burial		23b. DATE 5-27-1963	
23c. NAME OF CEMETERY OR CREMATORY Granby Memorial		23d. LOCATION (City, town, or county) Granby Missouri	
24. FUNERAL DIRECTOR Shewmake Funeral Home		25. DATE RECD. BY LOCAL REG. 6-4-63	
ADDRESS Granby, Mo.		26. REGISTRAR'S SIGNATURE [Signature]	

USE BLACK INK
OR
TYPEWRITER RIBBON

1961 6 1 NNR

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Floyd E. Shumaker

Licensed Embalmer No. 4923

P. O. Address Box 218 Granby, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.